



State Health Systems Resource Centre - Kerala (SHSRC-K)
Technical support centre for the Dept. of Health & Family Welfare, Govt of Kerala



Overview

- SHSRC-K established in 2008 as health system support.
- Aims to research, evaluate, and strengthen Kerala's health system.
- Initially an ASHA resource center, now an autonomous body.
- Advices government on policy and strategy, mobilizes technical assistance.
- Modeled after NHSRC, New Delhi, supporting National Health Mission.

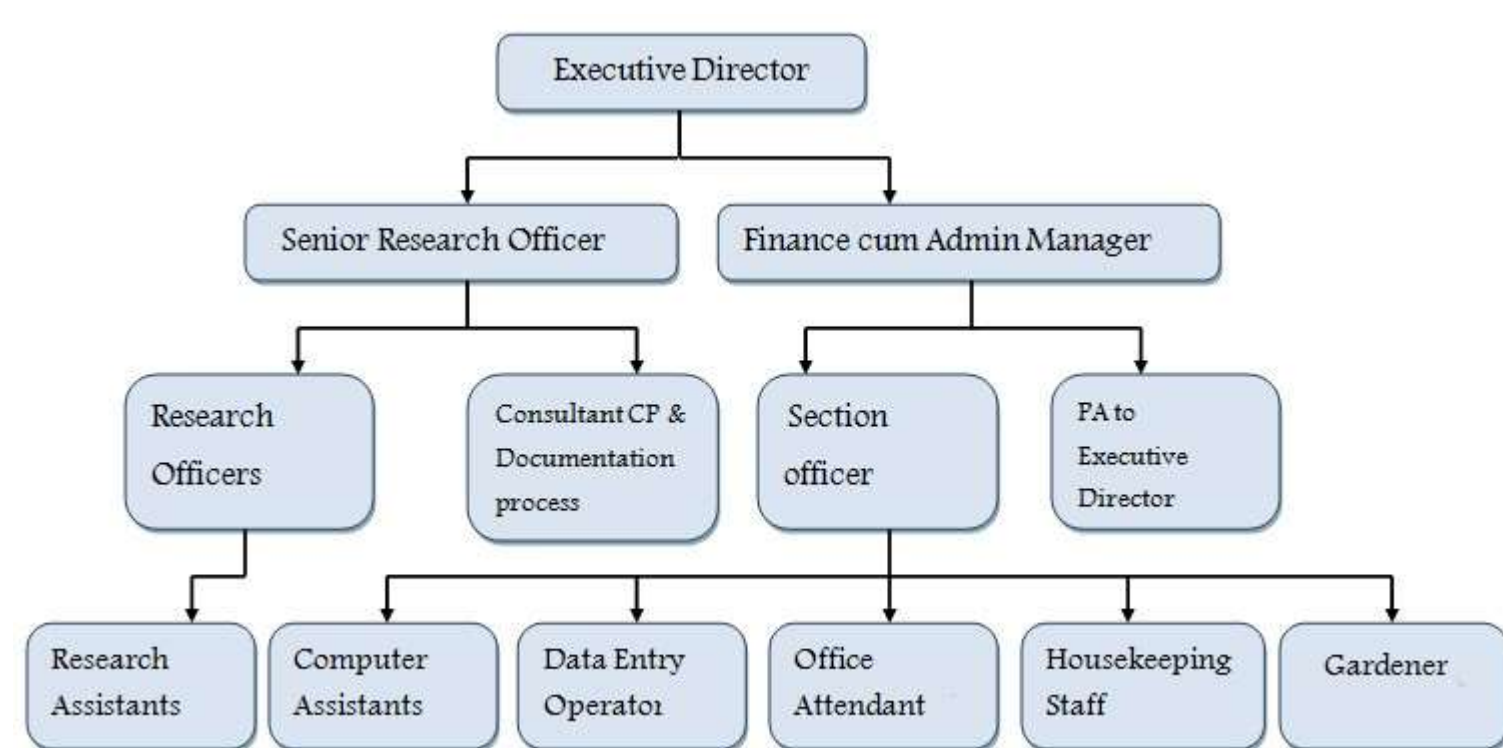
Vision

To assist the Health System in Kerala to provide equitable, affordable, accessible and quality health care services to all with accountability and responsiveness.

Mission and Objectives

- To undertake research, evaluation and technical support in various aspects of health system aimed at improving the state health system.
- To develop operational guidelines for the implementation of various health programs at the State and District level.
- To develop appropriate policies and guidelines based on evidence-based research.
- To evaluate and assess various health schemes/programs operational in the state of Kerala.
- To publish journals, reports and working papers in various domains of health systems aimed at improving the state health system.

Organogram



Thematic areas

Strengthening Health System	• Support state in implementing health programs
Policy Recommendations	• Developing policies/guidelines/modules for the upliftment of Health care delivery system
Strengthening Primary Health Care	• Support in rolling out Comprehensive Primary Health Care as a part of Aardram Mission
Capacity Building	• Capacity building and competency based training as part of Aardram Mission
Research	• Conduct evaluations and research works to support health system

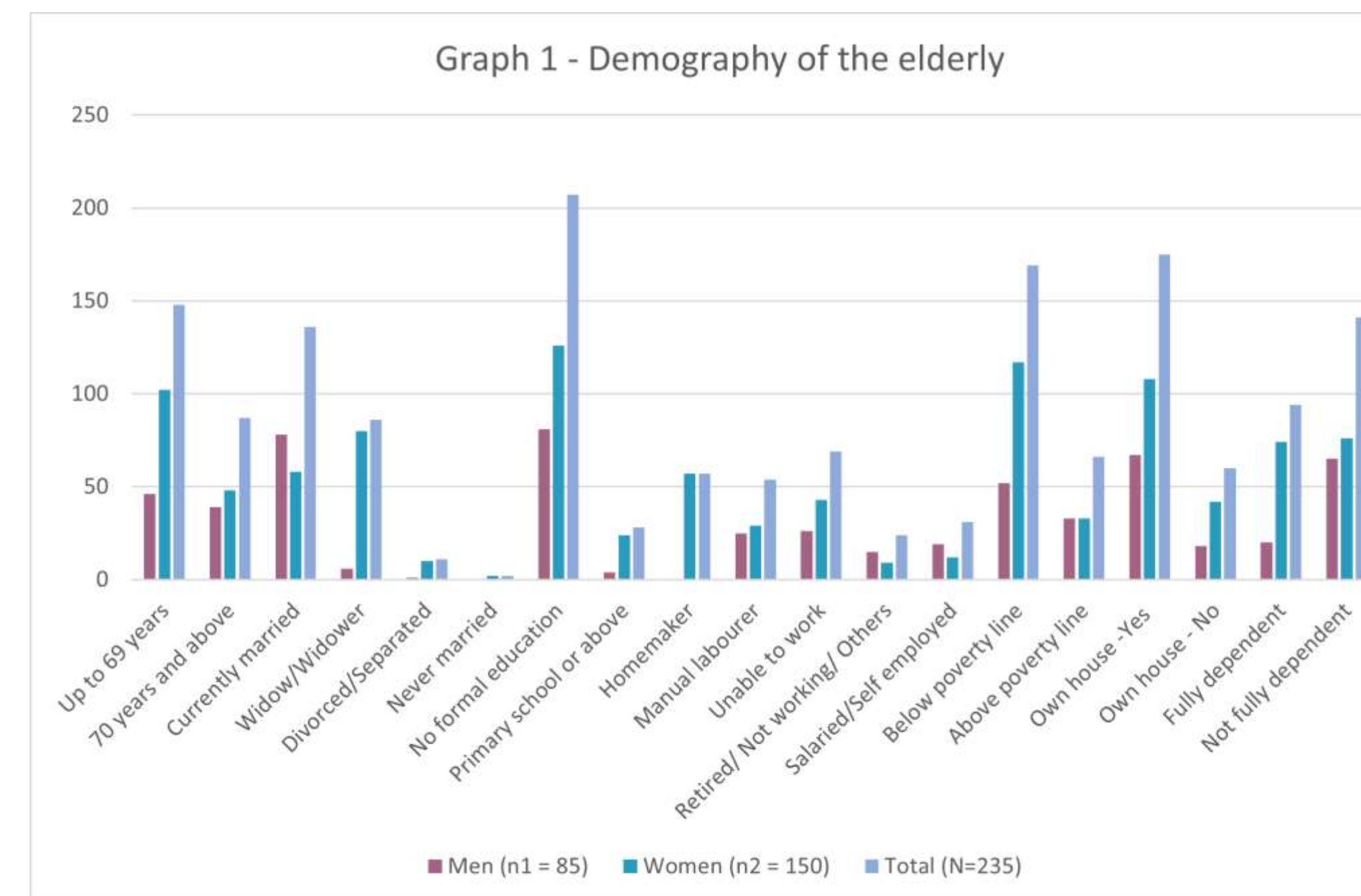
Research Project: Risk Assessment for Falls Among Older Individuals in Kerala.

Objective: To explore experiences of community living older people regarding falls and to study the identifiable causes that lead to falls like physical, mental, social, behavioral factors possibly associated with the risk of falls in older persons.

Methodology: Elderly persons aged 60 years or above of Manikkal panchayat in Thiruvananthapuram district were met during the meetings of self-help groups which are initiated by the panchayat as a step to making the panchayat elderly friendly.

Twenty such self-help groups were visited and an interview schedule was administered to each participant.

The interview schedule had questions on demographic characteristics like age, education, occupation, marital status, living arrangements, health related aspects like diseases, medications being take, and incidence of falls in the last one year.



Graph 2 - Morbidity Profile

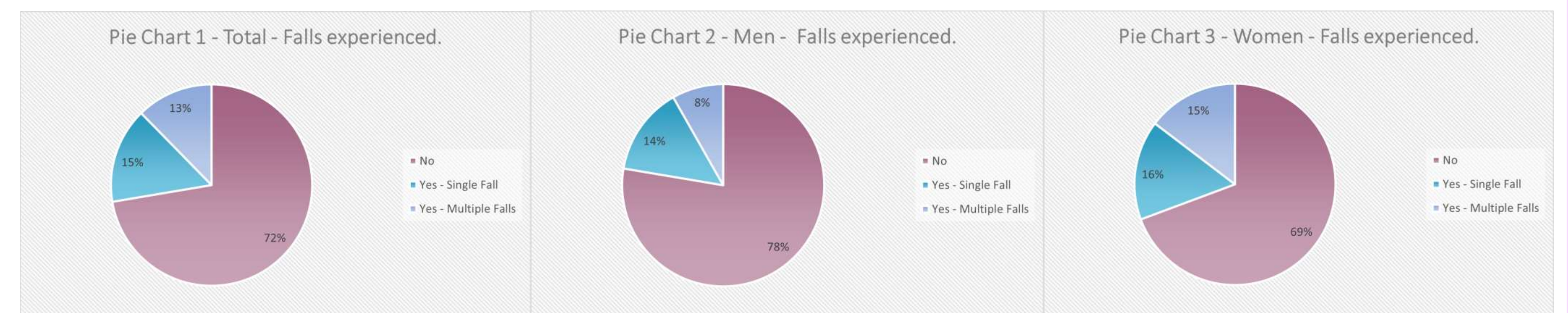
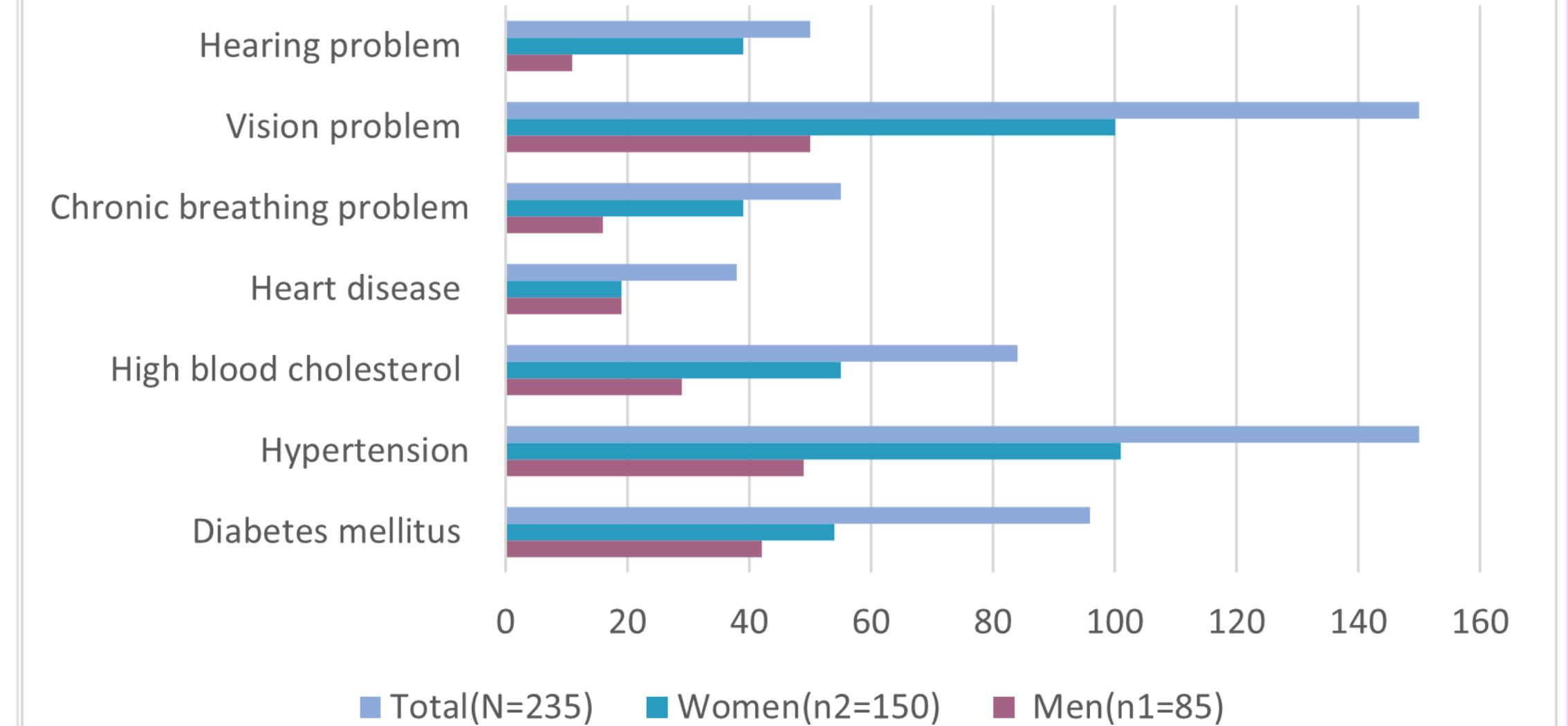


Table 1

Variable	Category	Total (N=235)	Number of persons with single falls	Chi square p value
Heart disease	No	197	60	0.029
	Yes	38	5	
Chronic breathing problem	No	180	44	0.046
	Yes	55	21	

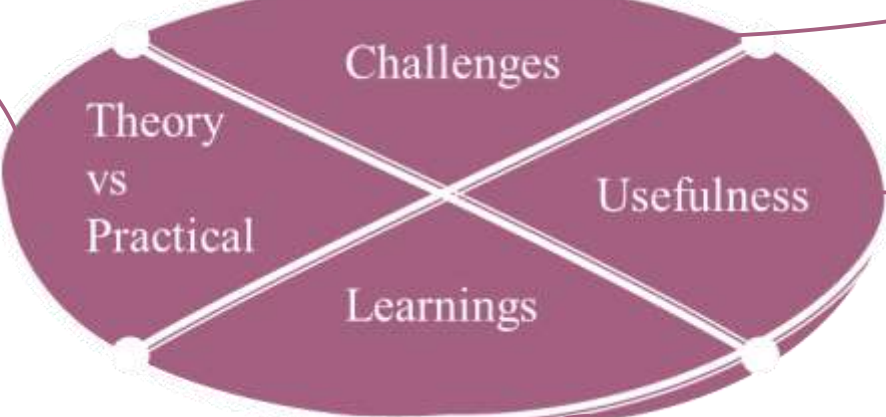
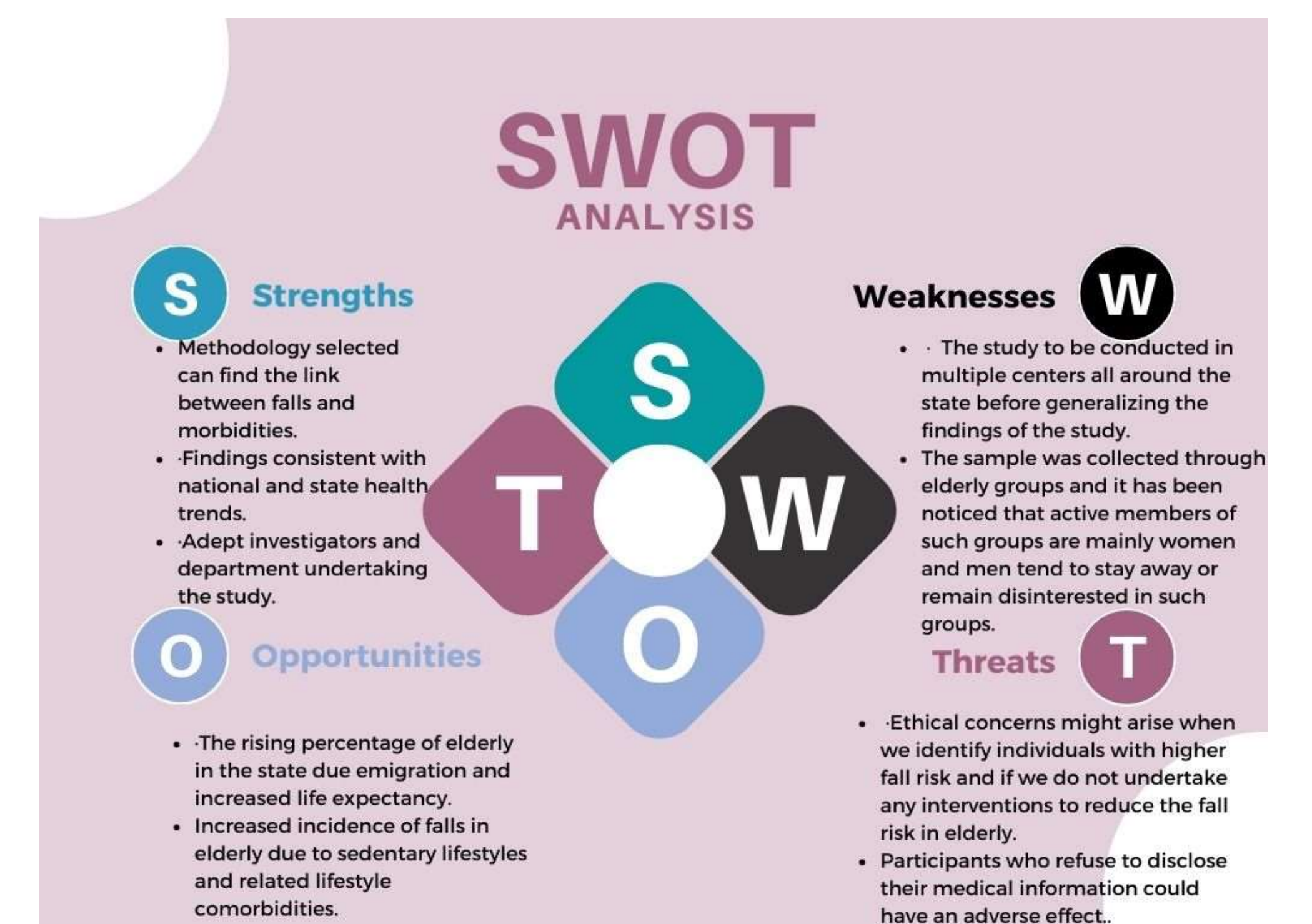
Table 2

Variable	Category	Total (N=235)	Number of persons with multiple falls	Chi square p value
Heart disease	No	197	28	0.047
	Yes	38	1	
Chronic breathing problem	No	180	18	0.048
	Yes	55	11	

Since the obtained p-value is less than 0.05, indicating that the relationship between heart disease, chronic breathing problem and falls is statistically significant.

Inferences

- Sample size: From the sample we learn that the number of elderly females in the selected sample is more than the number of males. This indicates higher number in females in elderly age groups than men. This consistent with the national as well as the states life expectancy data. (India - Male 68.2, Female 70.7 & Kerala – Male 71.4, Females 77.9. Source: NFHS 5)
- The marital status of selected sample shows that 53% of the elderly women are widowed while only 7% of the elderly men are a widower. This is again consistent with the life expectancy trends of the state.
- Morbidity stats show the hypertension and vision problems are the most common conditions among the elderly.
- Falls are categorized into single and multiple as single falls could include accidents and incidents which cannot be attributed to old age-related weakness. Multiple falls, however, are indicative of age-related weakness and other issues.



Learnings:

- About functioning of SHSRC and its various projects undertaken.
- Drafted research proposals.
- Literature review.
- Notes and meeting minutes.
- Application of basic concepts of epidemiology and research methodology.
- Budgeting of interventions and projects.
- Data collection methods through surveys, questionnaires, interviews and in-depth interviews.
- Evaluation of projects.
- Data entry, cleaning, and analysis.
- About various health programs of the government.
- Transcription of in-depth interviews.
- Drafting of survey tools.
- In depth interview guides.
- Manual preparation for intervention programs.

Suggestions for SHSRC-Kerala.

- Transport facilities during data collection at most times had to be managed by the research team itself, department's own transport would mean easy and more comfortable data collection experience for the research team.
- Facility wise, a little bit more space is required in the department working space.

Challenges faced during internship:

- Limited timeframe restricted the depth and breadth of research experience.
- Unfamiliarity with research methodologies, data collection techniques, and analysis tools.
- Difficulty understanding complex concepts inherent in public health research.
- Challenges in accessing relevant data due to privacy concerns and restrictions.
- Limited supervision and mentorship opportunities during the short internship duration.
- Building proficiency in data analysis skills within a limited timeframe.
- Balancing multiple projects simultaneously and managing time effectively.
- Need for effective collaboration and communication within the research team and with stakeholders.

Usefulness of internship

- Gained comprehensive understanding of SHSRC's functioning and its impact on healthcare.
- Honed skills in drafting research proposals, including research question formulation, study design, and intervention proposals.
- Enhanced critical analysis skills through conducting literature reviews and staying updated with the latest research.
- Improved organizational and communication skills through note-taking and drafting meeting minutes, gaining valuable insights into decision-making processes.
- Applied basic concepts of epidemiology and research methodology in real-world scenarios, strengthening practical application abilities.
- Developed skills in budgeting interventions and projects, including resource allocation and implementation planning.
- Hands-on experience in data collection through surveys, questionnaires, interviews, and in-depth interviews, engaging with stakeholders.
- Participated in project evaluations, enhancing evaluation skills and contributing to evidence-based decision-making.
- Proficiency in data entry, cleaning, and analysis for effective data management and accurate reporting.
- Expanded knowledge of government health programs, facilitating effective work within the healthcare system.
- Improved transcription skills and developed effective research instruments through transcribing in-depth interviews and drafting survey tools.
- Prepared manuals for intervention programs, ensuring clear instructions and smooth implementation.